

**BEST AVAILABLE**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		09-26-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AG	690	10-20-01

**INDEX OF CLAIMS**

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Original	Date
1	17/02	10/01/01
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33	OO	
34	OO	
35	OO	
36	OO	
37	OO	
38	OO	
39	OO	
40	VV	
41	VV	
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Claim	Original	Date
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If more than 150 claims or 10 actions  
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